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| Application Number | |
| Filing Date | 30 March 2006 |
| First Named Inventor | Joseph Da CRUZ |
| Title | Dental appliance |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 13694/100001 |

I hereby revoke all previous powers of attorney given in the above-identified application.

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23838

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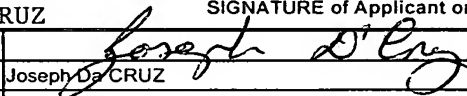
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Joseph Da CRUZ

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-------------|
| Signature |  | Date | 11 May 2006 |
| Name | Joseph Da CRUZ | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of one forms are submitted.

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